

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90136 027 ****61.25

DOCUMENT # N02000008574

1. Entity Name

MONTECITO MASTER ASSOCIATION, INC.



Principal Place of Business

777 YAMATO ROAD
 SUITE 510
 BOCA RATON FL 33431

Mailing Address

2859 PACES FERRY ROAD
 SUITE 1450
 ATLANTA GA 30339

50006824



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

57-1159748

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRYANT, BRAD D
 777 YAMATO ROAD
 SUITE 510
 BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FITCH, DAVID	
STREET ADDRESS	777 YAMATO ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BRYANT, BRAD D	
STREET ADDRESS	777 YAMATO ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ARIMON, FERNANDO	
STREET ADDRESS	777 YAMATO ROAD	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL J. GING	
STREET ADDRESS	10 Gabes Residential	
CITY-ST-ZIP	777 YAMATO Rd Suite 510 Boca Raton FL 33431	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK WELCH	
STREET ADDRESS	4 HARVARD Circle Suite 938	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE	Sec/Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATHLEEN LANG	
STREET ADDRESS	10 Gabes Residential	
CITY-ST-ZIP	777 YAMATO RD Suite 510 BOCA RATON, FL 33431	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kathleen Lang

3-20-06 561-999-4026